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Bib Data Sheet

CONFIRMATION NO. 9666

SERIAL NUMBER 09/759,780	FILING OR 371(c) DATE 01/12/2001 RULE	CLASS 345	GROUP ART UNIT 2674	ATTORNEY DOCKET NO. IMM1P098A
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APPLICANTS

Erik J. Shahoian, San Ramon, CA;
 Louis B. Rosenberg, San Jose, CA;

**** CONTINUING DATA *******

This appln claims benefit of 60/176,108 01/14/2000
 and is a CIP of 09/253,132 02/18/1999 PAT 6,243,078
 and is a CIP of 09/456,887 12/07/1999 PAT 6,211,861
 and is a CIP of 09/563,783 05/02/2000 PAT 6,353,427
 which is a CON of 09/103,281 06/23/1998 PAT 6,088,019

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

03/28/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 7	TOTAL CLAIMS 45	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

022903

TITLE

LOW-COST HAPTIC MOUSE IMPLEMENTATIONS

FILING FEE RECEIVED 1450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/176,108 01/14/2000 AND A CIP OF 09/253,132 02/18/1999 PAT 6,243,078 AND A CIP OF 09/456,887 12/07/1999 PAT 6,211,861 AND A CIP OF 09/563,783 05/02/2000 WHICH IS A CON OF 09/103,281 06/23/1998 PAT 6,088,019				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/28/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	STATE OR COUNTRY CA	SHEETS DRAWING 7	TOTAL CLAIMS 45	INDEPENDENT CLAIMS 5
ADDRESS James R. Riegel P.O. Box 52037 Palo Alto ,CA 94303-0746				
TITLE Low-cost haptic mouse implementations				
FILING FEE RECEIVED 1450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	